

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001312

1. Corporation Name

615 MAIN STREET PROPERTIES, INC.

Principal Place of Business

P.O. BOX 60464
NASHVILLE TN 37206

Mailing Address

P.O. BOX 60464
NASHVILLE TN 37206

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90020 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

4. FEI Number

62-1256416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name Corporate Creations Enterprises, Inc

82 Street Address (P.O. Box Number in Block 13)
4521 PGA Blvd #211

83

84 City Palm Beach Gardens FL 85 In Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME HARDAWAY, L H
STREET ADDRESS 615 MAIN STREET
CITY-ST-ZIP NASHVILLE TN 37206 ☐ DELETE

TITLE ST
NAME SLOAN, KERRY P
STREET ADDRESS 615 MAIN STREET
CITY-ST-ZIP NASHVILLE TN 37206 ☐ DELETE

TITLE V
NAME HARDAWAY, STAN
STREET ADDRESS 615 MAIN ST
CITY-ST-ZIP NASHVILLE FL ☐ DELETE

TITLE V
NAME WHITE, DEWAYNE
STREET ADDRESS 615 MAIN ST
CITY-ST-ZIP NASHVILLE TN ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 615-254-5461
Date Daytime Phone #

CR2E034 (1/98)